N	USSOUR	(I DI	. V& VOJOO4	•
DEP.		,	Registration District No. 26 STATE FILE NUMBER	
DO NOT WRITE ON THIS STUB	AMEND	ED	FILED NOV 0 1089	
VS 300	ااما		a STATE b. COUNTY admission	
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY	
	<b> </b>		OR OR TOWN YES	No 🔀
10887	[₹	·	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on	n Farm
20880	DATE		HOSPITAL OR INSTITUTION COMMUNITY HOSP YES NO   ADDRESS R.F. D #   MOBERLY YES NO	No 🗆
3 1		<del>   </del>	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Ye (Type or print) OF	ear
<del></del>			HENRY ALLISON WHEELER DEATH OCT, 220,194	12
4 0			5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 1 Wildowed Diversed Dive	R 24 HR Min.
5,			$  P \rangle   W $	-
	ွ		106. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY) 11. BIBHHPLACE (City and state or country) 12. CITIZEN OF WHAT COU	JNTRY
	8		136. FATHER'S NAME  136. FATHER'S NAME  137. MERCHANT FARMING PARCHWT CENTRALIA MO. U.S.A.  138. MOTHER'S MAIDEN NAME  14. NAME OF HUSBAND OR WIFE	
7 0	FOLLOW			- ~
8	اااات		15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address	-X
9/53.8	¥		(Yes, no, or unknown) (If yes, give war or dates of service of VERDELLWHEELER PARIS, A	101
10	ARE	E	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	DEATH
	잃닝	UMEN	IMMEDIATE CAUSE (0) Inanalin Alebilation 4 wee	hs.
11	RECORD EAD OF	၂၂႘၂	Paris (CO)	!
	1-1	ا ۱	Conditions, if any, which gave rise to	war
13.4	ZHIS INSI	ШІ	above cause (a), stating the under-	
1-01	8		lying cause last. J DUE TO (c)	ala wa
	o တ		Y   Afficase condition/laiven in PART I (a)	
	ž			Unknow
-	AMENDMENT		19. WAS AUTOPSY PERFORMED? TEST NO BY THE TOTAL PART II of item 18	1.)
z	<b>\\ \</b>		20c. TIME OF Hour Month, Day, Year	
≥ 0	<		p.m.	
BLACK INK OR RITER RIBBON			WHILE AT WORK (1) farm, factory, street, office bldg., etc.)	TATE
2 ~ %	ااوا		NOT WHILE AT WORK	
₹0 <u>₽</u>	READ		21. I attended the deceased from 1-5-6/9/3/50 /0-22-62 and last saw him alive on 10-22-62	
			Death occurred at	
USE BLACK OR TYPEWRITER	SHOULD	힏	22a. SIGNATURE (Vegree or tiple) 22b. ADDRESS 22c. DATE	E SIGNEI
<u> </u>	$\varphi$		232 RUDIAL FREMATION, 1 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	162
	Ŏ.	AFFIDA	REMOVAL (Specify)	,
	Ž	AFF	BURIAL 10-24-19(2) WAI NUTGROVE PARIS MO.  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 24. REGISTRAR'S SIGNATURE	
	ITEM	<u> </u>	Fans Ma 10:24-62 000 00000	
<b>.</b>	1-11		(Licensed Embalmer's Statement on Reverse Side)	

2961 63 NON

## STATEMENT BY LICENSED EMBALMES

or by						, s	tudent Embalmer	No
		•	•		* '	• .		
working u	nder my personal su	pervision.						
					ا محر	110		
Student	<u></u>			Signed_	Car	M	gnew	
	Signature of St	udent Embalmer			r			
						License	ed Embalmer No	4000
			1	•	•	P. O. 7	Address Pa	rie Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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